

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013881

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

360

Primary Registration District No.

3076

Registrar's No.

68

FILED APR 3 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b>		c. CITY OR TOWN <b>Nevada, Missouri</b>	
Length of stay in lb <b>10 Yrs.</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada, Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1103 North Clay Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Chester</b> Middle <b>A.</b> Last <b>Green</b>		4. DATE OF DEATH Month <b>March</b> Day <b>28</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-18-1892</b>
9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>28</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State Hospital Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (City and state or country) <b>Colcord, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry W. Green</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia</b>	
14. NAME OF HUSBAND OR WIFE <b>Ada Green</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Clifford Green, Son-Baten Rouge, La.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Don't Know</b>		DUE TO (c) <b></b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Had Influenza March 7-1962</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>	
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Nevada - Vernon - Mo</b>	20f. CITY, TOWN, OR LOCATION <b>Nevada - Vernon - Mo</b>		
21. I attended the deceased from <b>Mar 26-62 to Mar 28-62</b> and last saw him alive on <b>Mar 28-62</b> . Death occurred at <b>10:55</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>W. Love MD</b> (Degree or title)	
22b. ADDRESS <b>Nevada, Mo</b>		22c. DATE SIGNED <b>3-29-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-30-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Olive Brance Cemetery near Milo, Missouri</b>	
23d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>		24. FUNERAL DIRECTOR <b>Hays Funeral Service, Inc.</b>	
25. DATE RECD. BY LOCAL REG. <b>3-31-1962</b>		26. REGISTRAR'S SIGNATURE <b>Anna J. Jerry</b>	

USE BLACK INK

OR

TYPEWRITER RIBBON

Nevada, Missouri

(Licensed Embellisher's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.